

Adult Companion Services

Definition: Non-medical care, supervision and socialization, provided to a functionally impaired adult (age 18 or older). Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but they do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan and is not purely diversional in nature.

Please note that individuals receiving Residential Habilitation cannot receive Companion Services through the MR/RD Waiver **unless they reside in a SLP I**. The definition of Residential Habilitation allows for services that Adult Companion would provide. If an individual is assessed to need Adult Companion Services while residing in a SLP I (and they also receive Residential Habilitation), then Adult Companion Services can be provided at times when Residential Habilitation is **not** being provided. For Residential Habilitation provided through a SLP I, one unit equals one hour of service.

Providers: Adult Companion Services are provided by people who are hired/contracted by the local DSN Board. The adult companion services provider must meet the minimum qualifications and training requirements outlined in SCDDSN's "Home Supports Caregiver Certification" (August 2001) or be a DSN Board employee.

Arranging for the Service: As indicated in the definition, adult companion services must be provided in accordance with a therapeutic goal. When it is determined that these services are needed, the need for the services must be documented in the recipient's plan along with the goal(s)/objective(s) to be implemented by the companion. The Plan must also document the amount and frequency with which the service will be provided and the projected completion date for the goal(s)/objective(s).

For those who receive day habilitation or prevocational services through the waiver, adult companion services are not prohibited. While it is not prohibited, it is not recommended that adult companion services be provided in addition to habilitation services (day or prevocational). If adult companion services are provided when habilitation services are provided, there must be clear documentation that the therapeutic goals addressed by the companion cannot be addressed through habilitation. For companion services, one unit equals one hour of service.

When you determine a recipient needs Adult Companion Services they should be given a choice of providers of this service and the offering of choice must be documented. The recipient or his/her family/guardian should be provided with a listing of available Board Certified Companions.

Once a provider is chosen, the Waiver Tracking System must be updated to reflect the addition of the need services by using Service Code S67 (one unit equals one hour of service). Once approved, Adult Companion Services can be authorized using the **Authorization for Services (MR/RD Form A-22)**. The **MR/RD Form A-22** authorizes the Companion to bill the local DSN Board provider for services rendered.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following criteria should be followed when monitoring Adult Companion Services:

- Must complete on-site Monitorship during the first month while the service is being provided unless a Supervisor makes an exception. An exception is defined in the following circumstances:
 - the service is **only provided** in the early morning hours (prior to 7:00 a.m.)
 - the service is **only provided** in late evening hours (after 9:00 p.m.)
 - The exception and approval by the Supervisor must be documented. **NO** other exceptions will be allowed.
- At least once during the second month of service
- At least quarterly thereafter
- Start over with each new provider

This service may be monitored during a contact with the individual/family or service provider. It may also be monitored during a review of progress notes completed by the Companion. Some items to consider during monitorship include:

- Is the individual receiving Companion Services as authorized?
- Is the individual satisfied with the current Companion provider?
- Does the companion show up on time and stay the scheduled amount of time?
- Does the Companion show the individual courtesy and respect?
- Does the service need to be continued?
- Is the individual pleased with the service being provided by the Companion or is assistance needed in obtaining a new provider?
- What type of training is the individual receiving? Is the individual satisfied with the training?
- Are the training areas consistent with the individual's goals on their Plan?
- Is the individual making progress in training areas identified? If not, are goals and objectives reviewed and amended as needed?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). The general termination form that has been used in the past for all waiver services is no longer used. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO DSN BOARD**

TO: _____

RE: _____
 Recipient's Name / **Date of Birth**

_____ **Address**

Medicaid # / / / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Companion Services

Number of Units Per Week : _____ one unit = 1 hour

Start Date: _____

Service Coordinator: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date